



# Wisconsin Division of Public Health

**PROGRAM/GROUP:** Public Health Council

**MEETING TITLE:** Public Health Council Meeting (In- Person Meeting)

**LOCATION:** United Community Center, Conference Room 2: 1028 South 9th Street Milwaukee, WI 53204

**Zoom:** <https://dhs.wi.zoomgov.com/j/1618219699?pwd=c2FKWEUrWkkrNjBIRzg2ZEY4NGNVUT09> Meeting ID: 161 821 9699

**DATE/ TIME:** Friday, April 5, 2024 (Time reserved 10:00am – 3:00pm)

**Context: (Purpose, Vision, Mission, Goal):**

*The primary purpose of the Council is to inform and advise the Governor, the Wisconsin Department of Health Services, the Wisconsin State Legislature, and people of Wisconsin on prioritized public health issues important to the needs and wants of the public in a manner that is equitable, inclusive, and responsive to the diversity of the State. This work will include attention and advice on the progress implementing the state’s public health plan and coordination of responses to public health emergencies.*

**Equity Questions**

- Who is left out by this decision or policy?
- Who *should* benefit from this decision or policy? Who *benefits* from this decision or policy?
- What groups are burdened by potential inequities resulting from this decision or policy? Where are these groups located?
- What decisions or policies in other areas impact the effectiveness of this policy in achieving equity? Would this decision or policy impact other decisions or policies being made?
- Were those most impacted included in the decision making process? If not, why not?

**Meeting Facilitator:** Paula Morgen

**Meeting Recorder:** Joe Tatar

**Agenda:**

Time:	Topic:	Lead:	Notes/Follow-up:
10:00 – 10:05 (5 Minutes)	<b>Welcome</b> <ul style="list-style-type: none"> <li>• Roll Call and Public Comment</li> </ul>	Paula Morgen, <i>Chair</i>	<b>Present:</b> Paula Morgen, Bill Keeton, Bob Leischow, Joan Theurer, Sandy Brekke, Mary Dorn, Inshirah Farhoud, Ricky Ferrari Traner, Lieske Giese, Gary Gilmore, Heather Crowley, Angelique Lewis, Jordan-Lindsay Morris, Oby Nwabuzor, Shary Perez, Sarah Reed-Thryselius, Catoya Roberts, Vipul Shukla, Kirsten Johnson, Paula Tran, Paul Krupski, Matthew Collie, Ryan Westergaard, Carmella Brown, Kyoko Schatzke, Shawna Gabriel, Darcy DuBois, Julia Nagy, Maggie Northrop, Jen Rombalski, Aisha Dogbey <b>Excused:</b> Kue Her <b>Absent:</b> Alan Schwartzstein ( <b>resigned</b> ), Terry Brandenburg ( <b>resigned</b> ), Eric Krawczyk ( <b>resigned</b> )



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			<p>Happy National Public Health Week! Happy National Public Health Week!</p> <p>Shary Perez and Executive Director of UCC, Laura Gutiérrez, gave the opening remarks to provide opening remarks welcoming Public Health Council members to United CC. UCC has been in service for 54 years and the CEO grew up here. UCC considers itself both a service center for folks 6 months to 102 years old as well as research in the Hispanic/Latino community around the social determinants of health. Please visit their <a href="#">website</a> to learn more about the United CC.</p> <p>Public Health Council members and attendees gave introductions. Dr. Gilmore also invited everyone to a 50-year celebration for Dr. Gilmore within the School of Public Health on May 2<sup>nd</sup>, from 4-6 pat Alumni and Friends Center at UW-LaCrosse.</p>
<p><b>10:05 – 10:35</b> (30 Minutes)</p>	<p><b>DHS Secretary Kirsten Johnson</b></p> <ul style="list-style-type: none"> <li>A facilitated discussion to ensure aligned efforts between the Public Health Council &amp; State leadership</li> </ul>	<p><b>Paula Morgen, Chair</b></p>	<p>Secretary Johnson was invited to meet the members of the Council and respond to a series of questions (posed below) that will help the PHC better understand the needs of DHS and how best to collaborate/advise.</p> <p><b>Questions for Secretary Johnson:</b></p> <ul style="list-style-type: none"> <li>What is your ideal vision for the role of the PHC and the role it can play in advising Wisconsin state leadership?             <ul style="list-style-type: none"> <li><i>Secretary Johnson shared appreciation for the diversity of the Council.</i></li> <li><i>The main role of the council in advising DHS, governor, and legislature is key.</i></li> <li><i>Would like to know from this group, what the PHC's priorities are and what are things that DHS hasn't thought of that DHS could support.</i></li> <li><i>Value of local communities across Wisconsin: each member represents an organization that carries a lot of power and the conversations can be brought forth to these agencies to lobby and move things in the communities.</i></li> </ul> </li> </ul>



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			<ul style="list-style-type: none"><li>○ <i>The SHP is a comprehensive document—what can the council pull from this to tell DHS to prioritize, especially with regard to funding.</i></li><li>● What advice do you have for the PHC about how best to stay abreast of the most critical health issues of importance to the Governor, DHS, and Legislature?<ul style="list-style-type: none"><li>○ <i>Governor task forces reflect priority issues</i></li><li>○ <i>The DHS components of the governor’s budget</i></li><li>○ <i>Medicaid expansion is a big priority. \$1.6 billion is left on the table that could be used for care in mental health and social determinants of health with hundreds of thousands impacted by our limited ability to do fund this without expansion.</i></li><li>○ <i>Spring post biennial budget</i></li></ul></li><li>● Aside from creating resolutions, how can the PHC be more effective in voicing its positions, advising, or informing Wisconsin state leadership?<ul style="list-style-type: none"><li>○ <i>leverage organizations represented within the PHC.</i></li><li>○ <i>A yearly meeting with DHS representatives and the governor’s office to discuss shared priorities</i></li><li>○ <i>establishing annual cadence of Secretary’s Office and Governor’s Office would help build relationships and opportunities to collaborate.</i></li></ul></li><li>● What strategies would you suggest we explore to better develop relationships with DHS, the Governor’s office, and legislative connections that would make our work more effective?<ul style="list-style-type: none"><li>○ <i>Connection with Legislative director, HJ Waukau, would allow PHC to that keep a pulse on what bills are being put forward.</i></li></ul></li></ul> <p><b>Additional Questions</b></p> <ul style="list-style-type: none"><li>● How would you suggest we increase our relationship to have emerging issues updates that PHEPAC could provide support and recommendations for?<ul style="list-style-type: none"><li>○ <i>What support is needed from DHS? There may be resources that can support the PHC in its efforts.</i></li></ul></li><li>● Medicaid expansion—we are one of the few states who did not accept full support. Who can we contact within DHS if this is identified as a priority?</li></ul>
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			<ul style="list-style-type: none"><li>○ <i>Paula Tran and Paul Krupski who are both in attendance.</i></li><li>• Can we get a list of the key relationships that you would recommend?<ul style="list-style-type: none"><li>○ <i>Can work with support staff to develop.</i></li></ul></li><li>• Where have some of the surprises been especially with new legislature where you have gotten some wins. How can we leverage them to build on beyond their typical comfort zones?<ul style="list-style-type: none"><li>○ <i>Ally building and championing.</i></li><li>○ <i>Build relationships with legislators. This will make things more movable in the legislature as the power is more evenly distributed. DHS is also being more regularly asked for input on bills, which has not been common in the past—good initial steps.</i></li></ul></li><li>• Thank you for your service to the City of Milwaukee! Political acumen is not talked about a lot in public servants. How can the Council maintain integrity and working with legislature and avoiding reprisals, safeguarding integrity?<ul style="list-style-type: none"><li>○ <i>Protect your own integrity. People will grandstand on their own as part of the political theatre. None of the personal attacks have traction because they aren't true. It's hard to always do the right thing but you also can't control what other people will say.</i></li></ul></li><li>• Importance of knowing and using assets. Value you attach to things like WPHA/WALHDAB to what we do in PHC.<ul style="list-style-type: none"><li>○ <i>WALHDAB has the pulse at the local level that won't be represented at other formal levels. WALHDAB and health departments are only a part of the full public health system and that the PHC represents these more completely, especially within the community. Non-traditional public health partners are important to this work and this group brings this value.</i></li></ul></li><li>• Healthcare workforce task force was mentioned. What is their focus?<ul style="list-style-type: none"><li>○ <i>They focus on healthcare workforce both pre- and post-COVID. Strategies across all professions include education and training, regulation and policy. There is a focus on behavioral health, allied health, public health, and clinical nursing practice. Funding</i></li></ul></li></ul>
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			<p><i>prevention and community-based organizations as a part of the broader public health system is another focus.</i></p> <p>Council members are encouraged to share follow-up questions with Aisha who will share with Secretary Johnson for response.</p>
<p><b>10:35 – 10:50</b> (15 Minutes)</p>	<p><b>State Health Officer Paula Tran</b></p> <ul style="list-style-type: none"> <li>An opportunity for Council Members to meet Paula and hear an overview of Public Health System transformation work</li> </ul>	<p><b>Paula Tran, State Health Officer and Administrator</b></p>	<p>Paula Tran provided a background on the Future of Public Health (starting with 1988). Investing in political acumen, fiscal resources, sustainability, and foundational services. Need for diverse partnerships to bring voices to the table for passionate leaders. Grown ability to imagine what we can build together. Paula also spoke to the Wisconsin Public Health System and rebuilding Wisconsin’s Public Health Infrastructure.</p> <p>Paula shared the DPH Strategic Plan from 2022 to show where DPH began and where DPH is going. Speaking to the infrastructure, Paula also covered the DPH work in health equity, building workforce resiliency, centering equity in COVID-19 response and recovery, and transforming the public health infrastructure (which includes the Public Health Council).</p> <p>Paula Tran then presented the five-year strategic plan for DPH that came out in January 2024. Some key points of the plan include:</p> <ul style="list-style-type: none"> <li>Focus on public health workforce, communications, and public health infrastructure (PH system transformation)</li> <li>Alignment with State Health Improvement Plan and embed that into our operational work and in our relationship-building and capacity-building efforts.</li> <li>Strengthen DPH role as a backbone organization in public health system transformation</li> <li>Enhance alignment between DPH and with system partners around a common agenda for and shared measurement of the WI public health system</li> </ul>



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			<ul style="list-style-type: none"><li>• Align and implement systems improvement and transformation initiatives towards mutual reinforcement and through continuous communication.</li><li>• Expand the understanding of what and who shapes health through narrative shift and public will building.</li></ul> <p>The Council then discussed how they should be connected to this work. Responses and questions included:</p> <ul style="list-style-type: none"><li>• Amplification of resiliency in our workforce, including firing, retirement, and forced retirement of health officers. How has DPH been working on this reinforcement?<ul style="list-style-type: none"><li>○ <i>There is a national context and the average tenure for HOs has dropped to a year and a half. This has also happened in Wisconsin where turnover in health officers in the last four years has been over 50%. Workforce development teams both internally and externally provide support including support for health equity work.</i></li><li>○ <i>Communities of practice to provide shared work and collaboration and support.</i></li></ul></li><li>• Is it possible to have a real-time discussion on these issues raised and how PHC can best connect?<ul style="list-style-type: none"><li>○ <i>This was intended to be a teaser and there is a plan for this to be a bigger discussion at a future meeting. Paula Tran is available all day for any immediate discussions, as time allots.</i></li></ul></li><li>• Some framing should be built in based on how funding works (e.g. 70% of DPH staff covered through federal grant)</li><li>• Who and what have the barriers been in regard to Result 6 of PH system transformation. Where PHC can help?<ul style="list-style-type: none"><li>○ <i>Focusing our attention based on foundational public health capabilities with specific workgroups and partners. A lot of the focus based on the funding source has been in the governmental public health system. There are instances where DPH may lead and others where DPH may serve as a support.</i></li></ul></li></ul>
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			<ul style="list-style-type: none"> <li>○ <i>Narrative work, doing a lot of research with the public and shifting the public to better connecting with their local public health agencies.</i></li> <li>● How is DPH considering any barriers to lived experience in comparison to training/degrees?             <ul style="list-style-type: none"> <li>○ <i>Many workgroups are led by staff on retention, recruitment, psychological safety, and culture. Teams put together applications for public health infrastructure grant and hired a public health workforce director to fill these internal workforce needs and addressing the systems-level barriers, including lived experience through recruitment and position descriptions. Infusion of equity into the positions and changed screening processes and interview panels to accomplish this.</i></li> </ul> </li> </ul> <p>For any follow-up questions, Council members are encouraged to share with Aisha who can facilitate conversations with Paula Tran.</p>
<p><b>10:50 – 11:25</b> (35 Minutes)</p>	<p><b>Committee Updates</b></p> <ul style="list-style-type: none"> <li>● Executive Committee</li> <li>● Issues Committee/Public Health Nursing Workgroup</li> <li>● JEDI Committee</li> <li>● PHEP-AC</li> <li>● SHIP Update</li> </ul>	<p><b>Paula Morgen, Chair</b>  <b>Bob Leischow, Issues Committee Chair</b>  <b>Catoya Roberts, JEDI Committee Chair</b>  <b>Brittany Fry, PHEP AC Chair</b>  <b>Maggie Northrop, Support Staff</b></p>	<p>The committees provided updates to the PHC. Highlights are provided below.</p> <p><b>Executive Committee</b></p> <ul style="list-style-type: none"> <li>● Revisiting charter and makeup of the Executive Committee. Looking to potentially expand membership of this group to include committees and DPH MLT.</li> <li>● Chair-Elect role is vacant, so please reach out if interested.</li> <li>● Recognized and thanked members who have resigned since the last meeting Eric Krawczyk, Terry Brandenburg, and Dr. Alan Schwartzstein.</li> </ul> <p><b>Issues Committee/PH Nursing Workgroup</b></p> <ul style="list-style-type: none"> <li>● Pam Guthman leads PH Nursing Workgroup. The group has met several times and are well-represented. They are working on three resolutions in preparation for the June meeting.</li> </ul> <p><b>JEDI Committee</b></p>



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			<ul style="list-style-type: none"> <li>Will provide updates later in the agenda during the JEDI item.</li> </ul> <p><b>PHEPAC</b></p> <ul style="list-style-type: none"> <li>Working on charter and figuring out how to structure the committee. Brittany Fry is the new chair, and the committee will present a resolution later in this agenda.</li> </ul> <p><b>SHIP Update</b></p> <ul style="list-style-type: none"> <li>Paused external outreach for now to fit in with the DPH strategic plan and DHS Office of Health Equity to get internal ducks in a row and will be moving back externally once that is in place. Also working to avoid duplication within the organization.</li> <li>Starting State Health Assessment process later on this year and will want to engage with PHC in the near future around this.</li> <li>Focused on both internal and external evaluation.</li> </ul>
<b>11:25 – 11:30</b> (5 Minutes)	<b>Break</b>		<i>Coffee, tea &amp; water available</i>
<b>11:30 – 11:45</b> (15 Minutes)	<b>Vote: Covid After Action Report Resolution</b>	<b>Brittany Fry, PHEP AC Chair</b> <b>Mary Dorn, PHEP AC Liaison</b>	<p>Mary gave a brief background on the resolution and the proposed ideas. Council members provide edits, comments, and feedback.</p> <ul style="list-style-type: none"> <li>A recommendation was made to establish a template for, including a distribution list.</li> <li>State staff will support in distribution to appropriate parties.</li> </ul> <p>A motion to approve was provided by Dr. Gilmore and seconded by Bill Keaton. Motion carried unanimously.</p>
<b>11:45 – 12:00</b> (15 Minutes)	<b>Vote: SHIP Social Connectedness and Belonging Resolution</b>	<b>Maggie Northrop, Support Staff</b> <b>Vipul Shukla, Council member</b> <b>Joan Theurer, Council member</b>	Maggie Northrop gave a brief background on the resolution and the proposed ideas. Beyond the planning group, special thanks to Aisha Dogbey as well as Chelsea Robinson (SDoH Epi for OPPA) in preparation of this resolution draft.





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			<p>Council members provide comments and feedback and expanded the distribution list of partners.</p> <ul style="list-style-type: none"> <li>A recommendation was made to have PHC members support state staff in identifying the appropriate contacts for dissemination. State staff can also compile a dissemination contact list that can pulled on for this work.</li> </ul> <p>A motion to approve was provided by Dr. Gilmore and seconded by Mary Dorn. Motion carried unanimously.</p>
<p><b>12:00 – 12:15</b> (15 Minutes)</p>	<p><b>Vote: Membership Committee Charter</b></p>	<p><b>Joan Theurer, Council member</b> <b>Sarah Reed-Thryselius, Council member</b></p>	<p>Joan Theurer provided a walkthrough of the proposed charter and the components and elements of the Membership Committee’s charge. The intentionality to be connected to and in collaboration with the JEDI committee was described.</p> <p>Council members provided comments and feedback. A motion to adopt was provided by Dr. Gilmore and seconded by Vipul Shukla. The motion carried unanimously.</p>
<p><b>12:15 – 1:00</b> (45 Minutes)</p>	<p><b>JEDI Committee Facilitated Session</b></p>	<p><b>Catoya Roberts, JEDI Committee Chair</b></p>	<p>Catoya Roberts and Vipul Shukla gave a background on the JEDI Committee, history of the Public Health Council (and it’s work in equity or how it has shown up over the years), the overall scope of this group, and invited a conversation around issues as they pertain to JEDI work for the Council. This conversation took place in breakout groups both in the room and across the online attendees.</p> <p>Members discussed the importance for all Council members to engage in equity principles, to facilitate equitable conversations, processes, and advise.</p> <p>Also, there was conversation around having more opportunities to meet in person and engage more directly in the way this meeting</p>



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			has gone. The Executive Committee will work with state staff to identify options to facilitate this request, given budget constraints.
<b>1:00 – 1:40</b> (40 Minutes)	<b>Networking Lunch</b> <ul style="list-style-type: none"> <li>Tour of United CC Gallery</li> </ul>		Following the buffet style lunch, attendees toured the United CC’s gallery, highlighting the talent of community members
<b>1:40 – 2:55</b> (75 Minutes)	<ol style="list-style-type: none"> <li><b>Public Health Issues Process</b> <ul style="list-style-type: none"> <li>Review PHC charter and goal</li> <li>Review current Issues process and progress.</li> </ul> </li> <li><b>Share DRAFT Issues Process 2.0</b></li> </ol>	<p><b>Paula Morgen, Chair</b>  <b>Bob Leischow, Secretary, PH Issues Committee Chair</b></p>	<p>Paula Morgen started the conversation by giving a background of the current issues intake process and connecting to the discussion with Secretary Johnson, opportunities to be more agile with emerging issues and a means by which the PHC can be more actionable more quickly to addressing issues of need.</p> <p>Bob Leischow then presented on the current process defined in the PH Issues Committee charter the collection of 40+ issues that were narrowed down to 3 (and then 1 as a pilot), one of which is currently being pursued (PH Nursing Workgroup). Bob also walked through the prioritization criteria for selection of issues.</p> <p>Small group work: Evaluate what is working/not working.</p> <p><b>Questions/Feedback from Council members:</b></p> <ul style="list-style-type: none"> <li>Was PH preparedness part of the review criteria? No specific reference as the current process mostly focused on SHIP but this could be an improvement.</li> <li>May also want to clarify some of the scoring criteria for potential applicants, for example, incomplete sections will be scored as 0 (which will affect priority at the end). Some general information about the scoring process could be included.</li> <li>Need to consider opportunities for support/training of applicants for this. It seems to be set up well for folks that have experience in grant applications, for example, which may affect what gets selected rather than the seeming “value” of the issue itself.</li> <li>Accessibility, readability, and outreach is really important to address here including considerations for different</li> </ul>



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			<p>languages, and creative opportunities for being more equitable in compiling and then scoring the submissions. Previous examples of successful applications should be available for reference.</p> <ul style="list-style-type: none"><li>• How do we handle “emerging” issues? It’s written in the charter in relation to the work of the Executive Committee as a conduit. There has been some work in this arena (e.g. MPox, local public health authority). This work previously took place in a policy committee.</li><li>• How do we align with other groups that already have energy in spaces of interest to us and work more as a collaborative with like-situated agencies. Can we work better together as opposed to on our own?</li></ul> <p>Paula identified a proposed process for issues selection and action that can be nimbler (see the attached, proposed issues selection process draft). Paula also asked people to break into groups to review and provide feedback on the proposed draft. After discussion, the group decided to all provide input as a full group, rather than in small groups/breakouts.</p> <p><b>Questions/Feedback included:</b></p> <ul style="list-style-type: none"><li>• The incorporation of qualitative data in addition to the quantitative is important, how can this be incorporated into submissions?</li><li>• Should the most vulnerable groups be responsible for drafting resolutions, being involved in workgroups, etc. and being responsible for the solution?</li><li>• Right now, the audience for this process isn’t clear. We need to identify who that is going to be.</li><li>• Is there an opportunity for more of a discussion around issues?</li><li>• It is unclear about what is the ultimate measure of success for this work. That really needs to be identified first before a process is developed to address issues like this.</li><li>• Is the PHC also always the doers for things? Can the PHC be more of the connectors to other orgs who do this work?</li></ul>
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			<ul style="list-style-type: none"> <li>Can we have more discussion on this? It feels like there are pieces hanging and no full decisions yet but need to also be intentional about it, especially as it pertains to the SHA/SHIP, given the charge of the PHC.</li> </ul>
<p><b>2:55 – 3:00pm</b> (5 Minutes)</p>	<p><b>Wrap-up and Adjourn</b></p> <ul style="list-style-type: none"> <li>2/2 Meeting Minutes Approval</li> </ul>	<p><b>Paula Morgen, Chair</b></p>	<p>Motion to approve minutes from last meeting provided by Dr. Gilmore, with a second from Bill Keeton. The motion carried unanimously.</p> <p>Council members are reminded to complete and submit travel reimbursement form. Please contact Aisha Dogbey (<a href="mailto:Aisha.dogbey@dhs.wisconsin.gov">Aisha.dogbey@dhs.wisconsin.gov</a>) with any questions or concerns.</p> <p><b>Next PHC Meeting: June 7, 2024</b></p>

**Acronyms**

- CMO:** Chief Medical Officer
- DPH:** Division of Public Health
- DHS:** Department of Health Services
- JEDI:** Justice, Equity, Diversity, and Inclusion Committee
- MLT:** Medical Leadership Team
- OPPA:** Office of Policy and Practice Alignment
- OPEHC:** Office of Preparedness and Emergency Health Care
- PHAB:** Public Health Accreditation Board
- PHC:** Public Health Council
- PHEP AC:** Public Health Emergency Preparedness Advisory
- SHP:** State Health Plan
- SHIP:** State Health Improvement Plan
- WPHA:** Wisconsin Public Health Association
- WALHDAB:** Wisconsin Association of Local Health Departments and Boards



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*Notes: The Department of Health Services is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting [DHSPublicHealthCouncil@wisconsin.gov](mailto:DHSPublicHealthCouncil@wisconsin.gov) or Aisha Dogbey at 608-267-7707. You must make your request at least 7 days before the activity.*